

**Finance & Administration Cabinet
Division of State Risk & Insurance Services
Property Claims Section**

209 St. Clair, 5th Floor ~ Frankfort, KY 40601

Website: <http://finance.ky.gov/offices/controller/Pages/dsris.aspx>

TO: Commonwealth of Kentucky State Agencies & State Universities

**FROM: Evelyn Smith, Claims Program Manager (502-782-5433)
Eslam Omar, Internal Policy Analyst III (502-782-0369)**

DATE: June 30, 2017

**RE: July 1, 2017 – June 30, 2018
State Property Claims Packet**

We are the team responsible for and dedicated to providing the best possible claims service for the Commonwealth of Kentucky's State Agencies & State Universities.

Report all Property claims to us immediately. To help you with this process, the following information is included in this "Claims Packet":

- **Pages 2 – 6: Fire & Tornado (F&T) Self-Insured Property Policy**
 - Page 2: Policy Changes and Reminders
 - Page 3: Claim Reporting Instructions & Coverage Deductibles
 - Page 4: "Notice of Loss" form (SRC-10)
 - Page 5: "Lightning Loss Verification" form (SRC-11)
 - Page 6: "Property Claims Contact" information form

Claim forms as well as the F&T Policy are under "Related Information" on our website:

<http://finance.ky.gov/offices/controller/Pages/dsris.aspx>

FIRE & TORNADO Self-Insured Fund Policy

Important Coverage Changes & Reminders

For Policy Year:

July 1, 2017 – June 30, 2018

1. Since October 2015, “Boiler & Equipment Breakdown” coverage has been included in this policy and will continue with no changes in coverage.
2. For each property claim occurrence, only one deductible will apply; and effective July 1, 2017 the deductible for all property claims will be \$5,000.
 - a. The \$2,500 deductible for “frozen pipes” and “late reporting” is no longer applicable because of this year’s deductible increase.
3. Submit all property claims (SRC-10) immediately. This is very important in order for proper assessment of damages to confirm coverage and develop the scope of repairs, cleanup, etc. in a timely manner.
 - a. If the Notice of Loss form is not completed and submitted within 30 days, you may be subject to a higher deductible.

Fire & Tornado Self-Insurance Fund

Property Claim Deductibles & Reporting Instructions

July 1, 2017 – June 30, 2018

When a loss occurs, the deductibles shown below are the State Agency's responsibility, which will be deducted from the total amount of the settlement. In "one occurrence" claims, only one deductible (the highest deductible amount of damaged items) will apply. Please inform all your locations to immediately notify your "Claims Contact Person" of any claim that exceeds the deductible amounts.

NOTE: If the Notice of Loss form (SRC-10) is not submitted within 30 days, you may be subject to a higher deductible.

<u>TYPE of PROPERTY</u>	<u>DEDUCTIBLE AMOUNT</u>
• Building/Contents	\$5,000
• Inland Marine (including Laptop Computers)	\$5,000
• Telephone Systems	\$5,000
• EDP Computer Equipment	\$5,000
• Business Income	\$5,000

The Insurance "Claims Contact Person" for your Cabinet/Department/Division must report property damage claims immediately to State Risk & Insurance Services/ Claims Unit when a loss occurs, by completing the Notice of Loss form (SRC-10) on our website or you can copy the attached form for completion, then scan and e-mail to Evelyn.Smith@ky.gov and copy Eslam.Omar@ky.gov

1. To open a claim, we require:
 - a. Certificate number and Property ID number, to identify the loss;
 - b. Detailed information about the "Cause of Loss" to confirm coverage; and
 - c. Date of Loss with an estimated amount of damages. Any photographs, estimates/quotes, and other details should be submitted as they become available.
2. For damage caused by theft, vandalism, or any other crime, a copy of the police report is required.
3. For damage caused by lightning, the repair person/vendor who examined the equipment will need to complete the "Lightning Affidavit" form (SRC-11) for submission.
4. If damaged item(s) were required to be scheduled with State Risk/Underwriting Unit, submit documentation showing this was scheduled prior to the claim.
5. We acknowledge your required protocol for "bidding" certain repair/replacement projects or if you have made an "Emergency Request" for approval within your Cabinet. Inform us when either of these relate to a pending claim.
6. For final settlement of payment, invoices and/or receipts are required.

A claim number will be assigned and you will be notified to use that claim number in all communication regarding the claim, until the claim is closed.

Thank you!

COMMONWEALTH OF KENTUCKY - STATE RISK & INSURANCE SERVICES DIVISION

FIRE & TORNADO FUND ~ SELF-INSURED NOTICE OF LOSS**Instructions:****For all CLAIMS, complete sections 1, 2 & 3**

Certificate # _____

Property ID # _____

Email Form to State Risk & Insurance Services Division

Property ID # _____

Property ID # _____

Property ID # _____

1 CABINET _____ DEPARTMENT _____

INSURED ADDRESS _____ DIVISION (name) _____

REPORTED BY _____ DATE _____ PHONE # _____
(mm/dd/yyyy)**2** INSURED PROPERTY LOSS TYPE ☐ Fire & Tornado ☐ Boiler & Equipment Breakdown**3** LOSS DATE (mm/dd/yyyy) _____ TIME _____ ESTIMATED AMOUNT OF LOSS \$ _____

LOSS LOCATION _____

CAUSE OF LOSS _____

PROPERTY DAMAGE _____

INVESTIGATOR _____ REPORT # _____
(Police, Fire, etc.)

ADDITIONAL NOTES:

INSURANCE CONTACT _____ DATE _____ PHONE # _____

MAIL TO:	State Risk & Insurance Services Division	eMAIL TO:	Evelyn.Smith@ky.gov	502 782-5433
	209 Saint Clair, 5th Floor		Eslam.Omar@ky.gov	502 782 0369
	Frankfort, Ky. 40601 ATTN: CLAIMS		FAX #	502 564 2693

COMMONWEALTH OF KENTUCKY - STATE RISK & INSURANCE SERVICES DIVISION

Lightning Loss Verification

Date _____ (mm/dd/yyyy)

To Whom it may concern:I inspected / repaired _____
(Item damaged)

Model # _____ Serial # _____ Year Model _____

Date of Purchase _____ Purchase Price _____ Size _____

Place purchased _____

Owned By _____
(name of insured)

Address _____

Date of Loss _____ Time of Loss _____
(mm/dd/yyyy)

Are damaged item(s) available for inspection? If yes, where? _____

If not, why not? _____

This damage was solely due to lightning and no other cause because:

Repairer's Name _____

Firm Name _____

Firm Address _____

Phone # _____

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person who files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Fire & Tornado Self-Insurance Fund
Insured's Property "Claim Contact Person"
July 1, 2017 – June 30, 2018

An employee must be designated as a "Claim Contact Person" for each State Agency, including State Universities. Complete the following information. Supply a copy to each insured location to ensure all employees are aware of who to contact in the event of property damage claims.

State Agency/University Name: _____

Insurance Certificate #: _____

Certificate Name: _____

Cabinet: _____

Department: _____ Division: _____

Claims Contact Person: _____

E-mail address: _____ Phone: (____)-_____

Street Address: _____ City: _____, KY

Date Completed: _____ Completed by: _____

As one of our insureds, you have specific responsibilities explained in the "Duties in the Event of Loss or Damage" paragraph in the Fire & Tornado Fund policy. Please read and follow all these requirements.

As changes occur within your organization, please make sure this information is up to date; and send this completed form to:

State Risk & Insurance Services/Claims Section
209 St. Clair 5th Floor ~ Frankfort, Kentucky 40601
Or

Email to: Evelyn.Smith@ky.gov